

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/18/2010
FORM APPROVED
OMB NO. 0938-0391

45th 4/04/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445162	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2010
NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT JOHNSON CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRTLE AVENUE JOHNSON CITY, TN 37604	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure exit access is arranged that exits are readily accessible at all times in accordance with 7.1.</p> <p>The findings include:</p> <p>Observation on February 17, 2010 at 10:00 a.m. revealed 2 of 3 sidewalks were not cleared of snow.</p>	K 038	<p>K 038 - Snow has been cleared from sidewalks.</p> <p>All means of egress will be free of impediments and readily accessible at all times.</p> <p>All facilities (maintenance) staff will be reeducated on NFPA 101 life safety code standards 7.1 and 19.2.1.</p> <p>Facilities director will do audits to ascertain the means of egress is accessible and functionality of locking mechanisms upon actuation of the fire alarm system.</p> <p>Audits will be performed biweekly for four (4) weeks, monthly for two (2) months and then a quarterly audit.</p> <p>The results of the audits will be reviewed at the Quality Assurance Committee meeting monthly for three (3) months and recommendations made as appropriate</p>	3/31/10
K 050 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure fire drills were conducted quarterly on each shift.</p> <p>The findings include:</p>	K 050	<p>K 050 - Fire drill has been performed on first shift.</p> <p>Fire drills will be performed in accordance with life safety code standard 19.7.1.2.</p> <p>Fire drills will be performed at unexpected times under varying conditions at least quarterly on each shift. Staff is familiar with procedures and is aware that drills are a part of an established routine.</p>	3/31/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 050	Continued From page 1	K 050	Staff has been re-educated on the fire plan.		3/31/10
K 072 SS=F	Record review on February 17, 2010 at 9:00 a.m. revealed first shift failed to perform a fire drill the 4th quarter of 2009. NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the corridors in the means of egress were maintained clear of all obstructions. The findings include: Observation on February 17, 2010 at 9:45 a.m. revealed one (1) ice cart, wheelchairs, isolation carts and blood pressure stands stored within the corridor.	K 072	The administrator or Designee will audit fire drill logs quarterly to ascertain their completeness in accordance with life safety code standard 19.7.1.2 The results of the audits will be reviewed at the Quality Assurance Committee meeting monthly for three (3) months and recommendations made as appropriate K 072 - Ice carts, wheel chairs, and isolation carts stored within corridor have been removed. All corridors and means of egress have been cleared of all obstructions All means of egress must be continuously maintained free of all obstructions or impediments to fully use in the case of fire or an emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. Life safety code standard 7.1.10 Staff have been re-educated on maintaining and egress free of obstructions and storage of items in corridors. Administrator or Designee will visually audit corridors to ascertain means of egress is clear from obstructions weekly times four (4) Monthly times three (3). The results of the audits will be reviewed at the Quality Assurance Committee meeting monthly for three (3) months and recommendations made as appropriate		